



## Division of Consolidated Laboratory Services Internship Reference Form: Summer 2023

**To be completed by an academic professional with knowledge of the applicant's coursework or lab work. Reference form must be emailed from the academic professional's email account, or mailed in a signature sealed envelope to the address listed below.**

The applicant listed below has applied for a public health laboratory internship at the Commonwealth of Virginia Department of General Services [Division of Consolidated Laboratory Services \(DCLS\)](#). DCLS internships are project-oriented and are designed to be mutually beneficial to the intern and the laboratory. DCLS internships provide a unique opportunity to gain hands-on experience in one of the most diverse public health laboratories in the nation.

The applicant has given your name as a reference. Please rate the applicant with respect to each of the qualifications listed. Thank you in advance for your honest assessment of the applicant.

**Applicant Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reference Name/Title:** \_\_\_\_\_

**Reference Email:** \_\_\_\_\_

**Relationship of Reference to Applicant:** \_\_\_\_\_

<b>Qualification</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unable to Rate</b>	<b>Comments</b>
<b>Honesty/Integrity</b>						
<b>Maturity</b>						
<b>Dependability</b>						
<b>Self-discipline</b>						
<b>Ability to work in a team environment</b>						
<b>Work Attitude</b>						
<b>Oral and written communication skills</b>						



*Please use this space to include additional comments for consideration when evaluating this candidate's internship application (Use additional pages if necessary)*

***Please return the completed form via email using your official email or by mail by sending a sealed, signed envelope to the mailing address below.***

**Email: [DCLSinternship@dgs.virginia.gov](mailto:DCLSinternship@dgs.virginia.gov)**

**Mailing Address:**